

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41684

State File No. \_\_\_\_\_  
Registrar's No. 405

No. 300  
10.48

143 2

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED DEC 16 1952		REG. DIST. NO. <u>47</u>	PRIMARY REG. DIST. NO. <u>3008</u>	Registrar's No. <u>405</u>	
1. PLACE OF DEATH a. COUNTY <u>CALLOWAY</u>			2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>SALINE</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>FULTON MISSOURI</u>		c. LENGTH OF STAY (In this place) <u>4 YRS</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>NELSON MISSOURI</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>STATE HOSPITAL NOL</u>			d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) <u>EFFIE</u>		b. (Middle) <u>JANE</u>	c. (Last) <u>LA WSON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>DEC 8th 1952</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>JAN 1 1877</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>7</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House keeping</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>keeping own home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Saline Co Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
13a. FATHER'S NAME <u>James Dyke</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Young</u>	14. NAME OF HUSBAND OR WIFE <u>John N Lawson</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Hospital Records - Fulton, Mo</u>		
<b>MEDICAL CERTIFICATION</b>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>  ANTECEDENT CAUSES <u>Chronic Bronchitis</u>  Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION  <u>4/222</u>			20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NO</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Fulton Mo</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <u>Nov-15-52</u> , to <u>Dec-8th 52, 19</u> , that I last saw the deceased alive on <u>Dec-8th- 52</u> , and that death occurred at <u>9:00 Am.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Mary Fowler MD</u>			23b. ADDRESS <u>Fulton Mo</u>		23c. DATE SIGNED <u>12/8/52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec-10-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Nelson</u>	24d. LOCATION (City, town, or county) (State) <u>Nelson Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Dec 8, 1952</u>		REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>	426-0	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Harry Hershberger Marshall, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Joseph R. Mackler

Licensed Embalmer No. 4571

P. O. Address Mansfield, M

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.